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CONFIRMATION NO. 6813

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| SERIAL NUMBER 10/524,041 | FILING or 371(c) DATE 10/27/2005 RULE | CLASS 141 | GROUP ART UNIT 4124 | ATTORNEY DOCKET NO. 23162 | |
| APPLICANTS Bettina Knorr, Munchen, GERMANY; Florian Strohmaier, Oberteisendorf, GERMANY; ** CONTINUING DATA ***** This application is a 371 of PCT/EP03/08695 08/06/2003 ** FOREIGN APPLICATIONS ***** GERMANY 102 36 241.6 08/07/2002 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /NICOLAS ALLEN ARNETT/ Acknowledged Examiner's Signature | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY GERMANY | SHEETS DRAWINGS 2 | TOTAL CLAIMS 14 | INDEPENDENT CLAIMS 2 |
| ADDRESS K.F. ROSS P.C. 5683 RIVERDALE AVENUE SUITE 203 BOX 900 BRONX, NY 10471-0900 UNITED STATES | | | | | |
| TITLE Filling device for capsules, in particular medicament capsules | | | | | |
| FILING FEE RECEIVED 1030 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |